

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Feb 13 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97600042124
1. Corporation Name

ASCANIO U.S.A., INC.

Principal Place of Business: 420 Lincoln Road Suite 312 Miami Beach, FL 33139
Mailing Address: Same

DO NOT WRITE IN THIS SPACE.

21. Principal Place of Business	2a. Mailing Address
21 420 Lincoln Road Suite, Apt. #, etc	2a 420 Lincoln Road Suite, Apt. #, etc
22 Suite 312 City & State	27 Suite 312 City & State
23 Miami Beach, FL Zip Country	28 Miami Beach, FL Zip Country
24 33139 U.S.A.	29 33139 U.S.A.

3. Date Incorporated or Qualified	Applied For
May 13, 1997	Not Applicable
4. FEI Number	Applied For
65-0756997	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name	Gionata Bellagamba
82 Street Address (P.O. Box Number is Not Acceptable)	710 Washington Avenue
83	Apt. 401
84 City	Miami Beach, FL
85 Zip Code	33139

11. Pursuant to the provisions of Sections 607.0508 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the provisions of Section 607.0505, Florida Statutes.

SIGNATURE: *Gionata Bellagamba* Gionata Bellagamba, Pres. 1/20/98
Date

12. OFFICERS AND DIRECTORS

TITLE	President/Director	<input type="checkbox"/> DELETE
NAME	Gionata Bellagamba	
STREET ADDRESS	710 Washington Ave., Apt. 401	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	Vice-President/Director	<input type="checkbox"/> DELETE
NAME	Marcello Parodi	
STREET ADDRESS	Via S. Quirico 115 A/r	
CITY-ST-ZIP	16163 Genova, ITALY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I hereby certify that the information furnished with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of the corporation, the secretary or authorized officer empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an amendment with an address.

SIGNATURE: *Gionata Bellagamba* Gionata Bellagamba, Pres. 1/20/98 (305) 604-0599
Date Daytime Phone #

CR2E034 (10/97)

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